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ABSTRACT

Program monitoring permits assessments to be made on a community-based program--its managerial and operational efficiency, its effectiveness, its acceptability by clients, and suitability to needs. It assists a program in defining objectives and developing and implementing quality care in an effective manner. This guide lists kinds of things community-based programs should be doing to provide this quality care. It is divided into four sections: program objectives, methods, organization and management, and staff qualifications. Although this is geared for programs of juvenile justice and delinquency prevention, it may be used as a guide for other kinds of program monitoring. (Author/BEF)

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PROGRAM MONITORING

Prepared For

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INTRODUCTION

The purpose of program monitoring is to permit assessments to be made on a community-based program's managerial and operational efficiency, its effectiveness, its acceptability by clients and suitability to their needs and those of the community, and its adequacy to meet the magnitude of the problem it expects to solve. Program monitoring also is intended to assist a program in defining its objectives and developing and implementing quality care in a cohesive and effective manner.

This Monitoring Guide is a listing of kinds of things a community-based program should be doing to provide quality care to its clients. The purpose of the Guide is to:

- Stimulate creative thinking on the part of the program staff as to what constitutes a superior program.
- Remind the staff of the factors which must be considered in comprehensively assessing a program.
- Organize all the information and data collected in a rational and workable manner.
- Maintain objectivity of the staff by assuring that many relevant factors are considered and given equal weight.
- Standardize assessment criteria so that all programs are monitored on the same basis and so that program performance can be compared.

The Monitoring Guide is divided into four sections:

- Program Objectives
- Program Methods
- Program Organization and Management
- Program Staff

Program Objectives addresses the specificity, relevance,and consistency of the program's mission and goals.

Program Methods is concerned with the program's actual provision of services. It covers:

- General factors such as hours of operation, adequacy of facilities, treatment philosophy, etc.
- Treatment activities such as time frames, counselor caseloads, plan for treatment evaluation, client capacity, etc.
- Screening, intake,and discharge procedures including criteria for and method of client evaluation, duration of intakes, etc.
- Methods of supportive counseling and referral for educational, vocational, legal, medical,and family problems.
- Aftercare methods such as time and frequency of contact, etc.
- Outreach procedures including relationships and service agreements with other agencies, e.g., hospital emergency rooms, courts.

The Program Organization and Management section addresses:

- Organization of the program including staffing pattern, organization chart and job descriptions for all staff.
- Staff management capabilities.
- Clinical and management recordkeeping ability.
- Coordinating mechanisms with other agencies, organizations, or individuals.
- Evaluation methods for the program to monitor its effectiveness.
- Efforts of the program to involve client groups in program planning and development.

The Program Staff section is concerned with the qualifications of staff to perform their required functions.

PROGRAM OBJECTIVES

- Are program objectives clearly delineated in writing?
- Are they specific objectives or generalities?
- Are they realistic objectives?

  Responsive to resources on hand?

  Responsive to service area's varied needs?
- Are they measurable objectives? i.e., do they refer to or include time frames?
- Are objectives used?

  - in monitoring
  - in evaluating
  - in directing
- Do objectives conflict with one another?

  - Administration? (management, research, evaluation)
  - Treatment approaches?
  - Between programs or components, i.e. treatment vs. security
- Is the program aware of all population and geographic variables within its area?

  Does the program have an understanding of service area's client problem?
- Does this understanding relate to program purpose, mission, philosophy, task, etc.?
- Is there a clearly defined treatment philosophy?

  Is it internally consistent?

  Does the treatment philosophy relate to program objectives?

PROGRAM METHODS

General

- Is there a formal written agreement with a licensed hospital or hospitals in the community for provision of emergency, inpatient, and ambulatory medical services?

- Are there agreements with schools, public agencies, private businesses, etc., regarding referrals and use of services?

Clients

- Does a valid definition exist for a program's "client"?

  What is this definition?

- Is there a process for evaluating and changing definition as client population changes?

- Is there a policy for client termination or dismissal?

  What is this policy?

  Is this a reasonable policy?

  Is it effectively applied?

- Are there policies and procedures for sanctions upon clients' violation of program rules? Are they effectively applied?

- Are hours of operation meeting client's needs, taking into consideration outpatients who are employed or in school?

- Is the client census adequately served by available staff and facilities?

- Is there an awareness of the duty to ensure non-discriminatory practices in providing services to clients for Federally assisted programs as delineated in Title VI of the Civil Rights Act of 1964?

- Are there provisions for client input into decision-making and program operation?

Intake

- Is there documentation of who is admitted?
- Is the admission rate and type established/documented?
- Does the program admit all clients?
- Is there a basis for client selection?

  What is this basis?
- What criteria must be met for elibibility or what characteristics eliminate applicants?

  Do staff understand this?

  Do referring agencies, courts understand this basis?
- Is there a procedure for adjusting intake criteria?
- Is intake a prolonged period? (More than three days?)
- Does intake stigmatize or is the process considered a regular part of program?
- Do intake procedures help a client enter the program or are they so rigid as to frustrate entrance?
- Are the program and expectations readily explained to clients and to family?
- Are staff of intake suitable to facilitate client's entrance?
- Do intake staff include representatives from client population group?
- Are appropriate services offered in the intake process?

  What are these services?
- How often is intake available?

  Are there adequate emergency procedures?
- Is there a face to face interview at intake?

- At intake, is an initial personal history, medical history, social history, taken?

  How is this information verified?

- Are provisions made for confidentiality?

- What points are covered in taking the personal history?

- Is the family included in intake procedure?

- Are representatives from the referring agency included?

- Are the results of the intake made a part of the clients' individualized treatment plans?

- Is there a well-defined procedure for referring clients to an appropriate service provider? Following intake?

- Does the client have a choice of treatment type and does he share in the development/modification of the treatment plan?

- Are uniform intake procedures practiced by a central intake unit (CIU) referring clients to a program receiving those clients?

- Does a formal agreement exist between the central intake unit and the program regarding the agreement to accept only patients processed by the CIU and to utilize the CIU as a client intake facility?

Treatment/General

- Is there a clearly defined treatment philosophy?

  Has staff been involved in its definition?

  Is there a consensus?

  Is it internally consistent?

  Does the philosophy relate to program objectives?

- Is the treatment philosophy applied uniformly to all clients?

- Is the treatment appropriate to the service area's youth problems?

  Is there a mechanism or procedure for evaluating appropriateness?

- Are there individualized treatment plans to meet each client's needs?

- Who makes up treatment plan, is client involved?

  Professionals involved? What types?

- Does every treatment plan include documented evidence of:

  - A statement of clients' strengths, weaknesses, needs?

  - A statement of short and long-term goals for treatment generated by both staff and client?

  - A time-frame?

  - The assignment of a primary counselor?

  - The assignment of a secondary counselor/assignment of a team? Delineation of team members' areas of responsibility?

  - A delineation of the type and frequency of counseling services to be provided?

  - A delineation of those supportive services needed by the individual client?

  - A delineation of persons, organizations, agencies which can help?

- Is there a review and redetermination of treatment plans by a treatment team no less than every 90 days?

- What client information is reviewed?

- Who takes part in review?

- Are there clearly defined therapeutic techniques?

  What are they?

  Who applies them? What qualifications, experience, skills do they have?

- Do they serve the client's needs? How?

  Or do they serve program needs?

- What provisions are made for the client to easily progress from one program component to other parts of the program, or other programs?

- What provisions are made for continuity of treatment?

  Who makes that decision?

- Are there realistic estimates of client length of stay?

Treatment/Counseling and Support Services

- What is the purpose of counseling?

  How does it relate to treatment? (Role, function)

  What priority does it have?

- What is the counselor caseload?

- Is the counselor caseload reasonable?

  What is the ideal?

- Is there adequate time for counseling?

  Is there appropriate space for counseling?

  Are there mandatory standards of performance i.e., so many sessions during week, etc.?

- Are there methods of measuring quality of counseling?

  If so, is it adequate?

  Are there methods to assure consistency of counseling?

- What are family members offered?

  How are they involved in client's counseling?

- What kinds of support services are provided?

  - Recreational?
  - Training?
  - Vocational Rehabilitation?
  - Employment Counseling?
  - Education?
  - Legal?
  - Social Services (welfare, social security, housing, etc.)?
  - Medical?
  - Other?

- What referral system for support services is provided?

  Formal agreements?

- Is there a method for assuring services are delivered by referral?

  Does this method measure quality? Effectiveness?

- Are support services available for the client's family, employer, etc.?

  How are potential support services identified?

Outreach

- Is there a purpose of outreach goals and objectives stated and an outreach plan?
- Are services well-publicized throughout service area and to all members of the population to be served?
- Are there referrals from other agencies?
- Are outreach facilities properly located?

  Easily accessible?
- Is the outreach component coordinated with other program components?

Aftercare

- Is there a procedure to prepare for aftercare?

  Does this include a needs assessment?
- Is there a specific aftercare plan for each client?

  What are minimum ingredients?
- Will the aftercare treatment plan of the client relate to what has happened to him in the program?
- Will aftercare treatment include continued participation in program?
- Has status of client on aftercare been defined?

  How different is this status from a resident or current client?
- How often and for how long will clients be seen in aftercare?

- How will aftercare services be delivered? Where, when?

  By referral? If so, how are they monitored for delivery and effectiveness?

  By counselor? If so, what scheduling provisions have been made so staff can deliver aftercare services?

  What percentage of staff time is spent on aftercare?

Community Relations

- Is there community support?

- Have there been attempts to drum up support?

- Does the program have working relationships with:

  - Courts?
  - Churches, private charity organizations?
  - Schools?
  - Recreational, cultural resources?
  - Police?
  - Probation Officers?
  - Social Service Agencies (welfare, vocational rehabilitation)?
  - Employers' organizations?
  - Other social service programs and advisory boards?

  Written or contractual arrangements with the above?

- Does the program attempt to identify and utilize various community resources?

- Does the program conduct public education to inform the community about youth problems?

Adequacy of Facilities

- Are the facilities easily accessible to clients?

  To the community? To schools, activities, other services?

- Are the facilities suitable for the program being offered?

- Is there ample space and full utilization of the space?

- Are there adequate furnishings and equipment?

- What are the security provisions? Are they reasonable?

- Is there clean, safe, and attractive maintenance of facilities?

PROGRAM ORGANIZATION AND MANAGEMENT

Board

- Are the Board of Directors, Advisory Board, etc. representative of the community?
- Is the Board a reasonable size - 10 to 20 members?
- Are there written criteria for selection of Board members?
- Does the Board operate according to established by-laws?
- What are the nature and frequency of their meetings?
- What is the attendance rate at meetings?
- What are the Board's functions?
- Has the Board been helpful?
- Does the Board actively participate in program operations or support efforts?
- Does the Board approve the budget?
- Does the Board follow staff recommendations?
- How does the Board relate to the program director?

Organization

- Within the program is there a clear definition of functions to be performed?

  Grouping of like functions?
- Is there grouping of staff according to their roles and functions?
- Is there grouping of management/administration according to roles and functions?

- Is there an organization chart?
- What are the lines of authority?

  Are they fully explained to all staff?

  What is the Director's span of control? (How many people does he personally supervise?)
- What are the lines of communication?
- Is there a clear definition of staff roles and job descriptions?

  Are these written down?
- Are supervisors identified?
- Are staff members knowledgeable about their job?
- Is there a manual of policy and procedures?
- What percent of staff are devoted to direct services and what percent to administration?
- Is this reasonable?
- How are units' purposes, functions, and operations coordinated between units?
- Do communication problems exist between units?
- Are units working with different priorities? Do these conflict?
- Do various program components work together?
- What is the suitability of projected level of effort of each staff member in terms of their responsibilities?

  How is this determined?
- Is there adequate staff coverage, including emergency medical care, during all hours of operation?

Personnel Administration

- Are there personnel policies and procedures?
- What are the hiring procedures?

  Are qualifications appropriately matched with job requirements?

  Are job requirements, schedules, duties, etc. realistically set?

  Are they similar to other program job requirements in the nearby area?
- Is there a clear definition of equal employment opportunity policy?
- Is there active recruitment of minority and female staff?
- Are personnel actions taken in a completely non-discriminatory manner?
- Is there a mechanism for staff grievances?
- Are staff salaries appropriate for the community?
- Are there similarities between salaries of staff on other programs?
- Is there on-going evaluation of staff performance?
- How is this performed? By supervisor, with forms, etc.?
- Are opportunities available for staff training?
- Is there orientation training for new staff members?

- How are staff encouraged to cooperate/work together?
- What types of staff training are available?
- Is there availability of funds for in-service and other technical training?

  Are funds adequate for worthwhile training?
- Is there a high staff turnover rate?

  Why?

  What provisions are made to prevent staff "burnout?"
- What is the average tenure of staff?
- What percent of staff is part-time?
- What percent of staff is consultants, advisors, etc.?
- Are there provisions for staff advancement?

  Are they written and made available to staff?

  What are the provisions for salary increases?
- What is the counselor-client ratio?
- Is there a reasonable staff-client ratio?

Client Records and Recordkeeping

- Is there maintenance of client records in a systematic manner?
- Are forms and files designed to allow easy withdrawal of information?
- Are records maintained in a secure manner and place to assure confidentiality?
- Are they easily accessible to appropriate staff?
- Are there regulations and procedures regarding who may and who may not review client records?

  Are residents allowed a say on who reviews their records and who does not?

- Are records centralized?
- Is there prompt reporting of all changes of status? (transfers, admissions, discharges, etc.)
- Is there maintenance of running logs of individual client contacts?
- Are there written means to communicate events; information from staff to staff on various shifts? i.e., message log, shift log?
- Is there maintenance of progress notes with a notation for each client contact, or each counseling session as well as each client's behavior, as well as a notation of broken appointments?
- Is the purpose of the recordkeeping to improve the services provided to the client?
- Are there adequate progress reports on client attainment of goals?
- Are there adequate progress reports on client behavior?
- Is there permanent record of warnings, disciplinary actions, etc. against residents?
- Do client records provide the program with data for budgeting, allocating personnel and equipment evaluation?
- Is there accurate and timely maintenance of:
  - Intake forms?
  - Treatment plans?
  - Progress notes?
  - Physical examinations?
  - Special examinations?
  - Counseling and support services documentation?

- Correspondence?
- Aftercare plans?
- Follow-up contact?

- Has a staff member been identified to be responsible for processing and transmitting records?
- Do all staff have a complete understanding of reporting requirements and procedures?
- Are reporting requirements and procedures kept to a minimum to allow staff to perform other functions?
- Is there a valid process for determination and verification of the number of people being provided services?

  What is this process?

Evaluation

- Are program evaluations performed by outside agencies?
- Does the program have a clear plan for self-evaluation?
- Is self-evaluation used in assessment of progress toward meeting objectives?
- What is the validity of the evaluation plan?
- Is the information gathered adequate and appropriate for programmatic changes?
- Is information gained from self-evaluation translated into programmatic changes?
- Does the program forecast future needs and develop plans to meet these needs?

- What is done with client follow-up data?

  What does this data consist of?

  How is it collected?

  When?

  Is it used for evaluation and program redefinition?

Financial Management

- Are financial staff bonded?
- Is the program insured?
- Is there at least one staff member responsible for maintenance of financial records and program budgeting?
- Who double-checks this individual?
- Is there a formal accounting system to provide for financial control?
- Are there written procedures for financial operations?
- Are two signatures required for a disbursement check?
- How frequently are cumulative expenditures to date calculated?

  Are expenditures monitored in relation to total funds available?

- Is a separate bank account maintained for the deposit of federal funds?

  The deposit of grantee matching funds?

- Is the budgetary process seen as a part of program planning?
- What is the unit cost of a single treatment slot calculated in static terms (absolute capacity at any given time, e.g., 10 beds is a static capacity of 10 clients.)
- What is the unit cost of a treatment slot calculated in dynamic terms (capacity over a year, e.g., 10 beds with an average length of stay of 2 months is a dynamic capacity of 60 clients.)
- Are there sufficient resources for continued operation over a reasonable length of time in case payments are delayed?
- Does the budget include any cost items which are inappropriate?

  Are all costs allowable?
- What is the nature (cash or in-kind) and level of local support?
- What is fringe benefit rate? Is it reasonable?
- Are actual expenses periodically compared to budget estimates and reasons established for deviation?
- Does the program have at least one individual authorized to contract?
- Is there a separation of duties involving cash transactions? (One person does not handle all transactions in the flow of cash into and out of the program?)
- Are disbursements made by prenumbered checks?
- Are checks required to be supported by vouchers or other documents?
- Are monthly reconciliations of cash made by persons who are not responsible for cash handling or check issuance?
- Does the accounting system provide for documentation of payroll costs by individuals and in the aggregate?
- If equipment and/or furniture is purchased, are there adequate financial and property records?
- Are individual and aggregate records (vouchers, receipts) maintained for costs of travel, travel advances?

Financial Records and Recordkeeping

- How does the program's accounting system deal with multiple funding?

  Is there adequate separation of records for different sources of funding?

  Are records audited? How often? By whom?

- Do personnel time and attendance records contain:

  - employees' name and social security number
  - position title
  - total daily hours worked
  - employees' signature
  - supervisor or Program Director's signature?

- Are there procedures for the retention and maintenance for at least three years of financial records?

- How often are records updated? (i.e., expenditures, etc.) Posted?

- How are expenditures allocated among different sources of funds?

- Is there an authorizing document, such as a purchase order, generated before funds can be disbursed?

- Does the program keep a journal of all expenditures and receipts?

STAFF CAPABILITY

- Based on education, training and experience, determine the range and depth of skills possessed by staff in each of the following areas:
  - Client recruitment and intake.
  - Diagnosis of behavioral patterms leading to problems in the individual client.
  - Therapeutic techniques aimed at producing positive behavioral change in clients.
  - Social service counseling.
  - Family counseling.
  - Health counseling (VD control, etc.).
  - Crisis intervention.
  - Education rehabilitation (counseling, training, and/or placement).
  - Vocational rehabilitation (counseling, training and/or placement).
  - Community education.
  - Community service.
  - Community organizing.
  - Services to families of clients.
  - Recreational activities.
- Are the experience and other qualifications of the project director and other administrative staff sufficient in each of following areas?
  - Planning?
  - Policy-formulation?

- Supervision?
- Leadership?
- Crisis resolution?
- Community relations?
- Financial management?
- Clinical management?

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